

## To: Pennsylvania Department of Labor & Industry. Bureau of Workers' Compensation

Send completed, signed Trading Partner documents to the Bureau of Workers' Compensation via WCAIS Customer Service "Submit a Question" using the category of "EDI" and sub-category of "Trading Partner Agreements".

Date:

From:

Sender FEIN:

Sender Postal Code:

Complete this table with:

Claim Administrator Physical Address (No P.O. Boxes)

## Also complete List (2) for Mailing Addresses

Claim Administrator (Claim Admin)		Claim Administrator Address (in FROI transaction)-Physical Address				FROI/SROI
Clm Admin FEIN (DN0187) 9 A/N	Claim Admin Legal Name (DN0188) 40 A/N	Claim Admin Primary Address (DN0010) 40 A/N	Claim Admin Secondary Address (DN0011) 40 A/N	Claim Admin City (DN0012) 15 A/N	CA State Code (DN0013) 2 A/N	CA Postal Code (DN0014) 9 A/N